

LOUISIANA'S START SAVING PROGRAM

PAYROLL DEDUCTION AUTHORIZATION FORM

START Saving Program
PO Box 91271
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626, ext. 1012
Internet: www.startsaving.la.gov
Fax: (225) 922-1488

INSTRUCTIONS: To initiate deposits to your account through payroll deduction, you must complete this form. **THIS FORM MUST FIRST BE APPROVED BEFORE IT WILL BE FORWARDED TO YOUR EMPLOYER.** Follow these instructions to complete this form. Type or print in ink. Enter your employer's complete company name, address, telephone number and Federal Tax Identification (ID) Number. If necessary, contact your payroll department to obtain your employer's Internal Revenue Service Federal Tax ID Number. If you have more than one account, enter the percentage of the total payroll deduction you wish to be deposited to each account. The percentages allocated to all accounts must equal 100%. Mail the completed form to the "START Saving Program", at the address shown above. If you need assistance in completing this form, call a Customer Service Representative at the number shown above.

NAMES OF THE ACCOUNT OWNER AND EMPLOYER

| | | | | |
|--|-------|----|---|--|
| Account Owner's (Employee's) Name (Print) | | | Account Owner's Social Security Number | |
| Last | First | MI | | |

| | | | | |
|--|----------------|-------------|--------------|------------|
| Employer's Name and Mailing Address (Print) | Address | City | State | Zip |
|--|----------------|-------------|--------------|------------|

| | |
|-----------------------------|---|
| Employer's Telephone | Employer's Federal Tax ID Number |
|-----------------------------|---|

PAYROLL DEDUCTION (Check One).

☐ New Deduction ☐ Change in the Amount of Present Deduction

Amount to deduct from salary each pay period: \$ _____

Pay Period or Date the payroll deduction is to begin: _____

ACCOUNT(S) IN WHICH THE PAYROLL DEDUCTION WILL BE DEPOSITED

Enter the account(s) that are to receive the deposits. If you have more than one account, you must enter the percentage of the total amount deducted from your pay that is to be credited to each account. The sum of the percentages entered must equal 100%

| Beneficiary's Full Name (First, Middle, Last) | Account Number(s) | Percentage of Total Deduction to Each Beneficiary |
|--|--------------------------|--|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |

Total 100%

EMPLOYEE'S (ACCOUNT OWNER'S) AUTHORIZATION

I understand that these instructions will remain in effect until changed or cancelled by me. The START Saving Program is a voluntary program, and I understand that I am under no contractual obligation and, therefore, may cancel this authorization or change the deduction amount at any time upon notification to START Saving Program and my employer. I hereby authorize my employer to cancel any prior START Saving Program deduction forms on file. I hereby waive, on behalf of myself, my heirs, successors, agents and assigns, any and all rights of action against the State of Louisiana, its agents, and assigns, arising out of the deduction, failure to deduct or any other handling of this request for payroll withholding.

Account Owner's Signature: _____ **Date:** _____

OFFICE USE ONLY:

Approved date: _____

Initials: _____